Mono County
Community Development Department

Planning Division

PERMIT
MODIFICATION
APPLICATION

APPLICATION # _____   FEE PAID $ _____

DATE RECEIVED _____   RECEIVED BY _____

RECEIPT # _____ CHECK # _____ (NO CASH)

TYPE OF PERMIT: Use Permit   Director Review   Other _____ (please specify)

APPLICANT/AGENT _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE (_____) _____ E-MAIL _____

OWNER, if other than applicant _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE (_____) _____ E-MAIL _____

PROPERTY DESCRIPTION:

Assessor's Parcel # _____ General Plan Land Use Designation _____

PROPOSED MODIFICATIONS: Describe the proposed modification in detail, using additional sheets if necessary. NOTE: An incomplete or inadequate project description may delay project processing.

_____

APPLICATION PACKET SHALL INCLUDE:
  A. Completed application form.
  B. Completed Project Information form.
  C. Detailed description of what you are requesting to change or modify from the existing project permit.
  D. A plot plan, a drawing, or an elevation may be required as a part of the modification submittal. These items shall meet the requirements of the attached plot plan guidelines: Eight full-size copies (blueprints) and one reduced version no larger than 11" x 17". Applicants for larger projects may be required to submit additional full-size copies.
  D. Project processing deposit for Use Permit Modification. Processing deposits for other permit modifications shall be one-half the normal deposit required for a new permit. See Development Fee Schedule.
  E. Environmental Review (CEQA): See Development Fee Schedule for Categorical Exemption, Negative Declaration, Environmental Impact Report (deposit for initial study only).

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: q legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land), q corporate officer(s) empowered to sign for the corporation, or q owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.

_____   _____   _____
Signature   Signature   Date